



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Hearing Aid Dispensers Examining Committee
124 Halsey Street, 6th Floor, P.O. Box 45038
Newark, New Jersey 07101
(973) 504-6331

Training Permit Application Checklist

Please complete and return this checklist with your application. Indicate a (√) mark if the item is being submitted with the application or if the request for information has been complied with. Indicate "N/A" if not applicable in your situation. Documentation you have asked others to send directly to the Committee may be indicated by a brief note: i.e. "Will be sent directly from the State of New York."

- ☐ Completed **notarized** application
- ☐ Three (3) passport-size (approximately 2" x 2") professional quality photographs (**no home-made Polaroids**) taken within sixty (60) days of submitting the application. Sign the reverse side and indicate the date they were taken.
- ☐ **FEES: CHECKS OR MONEY ORDERS ONLY.**
Make checks or money orders payable to the **State of New Jersey**. Submit with each application a nonrefundable \$50.00 application fee. Additionally, submit a separate check in the amount of \$50.00 for a training permit or temporary license.
- ☐ Certification and Authorization Form for a Criminal History Background Check. Please submit the completed form with your application.
- ☐ SPONSOR: Original N.I.H.I.S. continuing education certificated for 20 hours completed during the previous biennial registration period. This needs to be done only if you are applying for a temporary license or a training permit.
- ☐ Completed Sponsor's Affidavit form.

Attach three clear, full-face passport-style photographs (2"x2") of your head and shoulders, taken within the past six months.

Three photographs are required with each application.

Do not use staples to attach the photographs.



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Medical Examiners

Hearing Aid Dispensers Examining Committee

124 Halsey Street, 6th Floor, P.O. Box 45038

Newark, New Jersey 07101

(973) 504-6331

Photos #2
and #3

Application for Training Permit

Date: _____

Please enclose a nonrefundable application filing fee of \$50.00 and a training permit fee of \$50.00 (total fee \$100.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.) You also will be required to pay a certification fee at a later date.

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a hearing aid dispenser trainee” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a hearing aid dispenser trainee, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a hearing aid dispenser trainee, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No

If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

11. Do you currently hold, or have you ever held, a professional license, certificate or permit of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license, certificate or permit held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

12. Have you ever been disciplined or denied a professional license, certificate or permit of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever had a professional license, certificate or permit of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Have you ever been named as a defendant in any litigation related to any prior practice as a hearing aid dispenser trainee, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are you aware of any investigation pending against a professional license, certificate or permit issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as a hearing aid dispenser trainee, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 12 through 18, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

19. Did you earn a master’s degree in audiology after January 1, 1993? ☐ Yes ☐ No

If “Yes,” please arrange for the school at which you completed a master’s degree in audiology to forward a transcript directly to the Hearing Aid Dispensers Examining Committee.

Experience

1. Please document your work experience below. Begin with your current or most recent experience in the hearing aid field and then work back in time, chronologically.

(a) Employer: _____

Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____

Month

Year

Month

Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____

Month

Year

Month

Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____

Month

Year

Month

Year

Immediate supervisor's name and title: _____

(d) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(e) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(f) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

AFFIDAVIT OF GOOD MORAL CHARACTER

This affidavit is to be executed before a notary public:

State of: _____

County of: _____

I, _____, am personally acquainted with _____
Name of applicant
and not related by blood or marriage to the applicant. I have known the applicant _____
Years/Months. I hereby attest that the applicant is
of good moral character and repute.

Name: _____

Address: _____

Signature: _____

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

WAIVER

I hereby authorize all institutions, my references, employers past and present, business and professional associations, and all private, personnel and government agencies or instrumentalities (local, state, federal and foreign) to release to the Hearing Aid Dispensers Examining Committee, any information which is material to my application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct and that I am the person referred to in this application.

Should I intentionally furnish any false information in this application, I hereby agree that such acts shall constitute cause for denial, suspension or revocation of my license to practice as an Hearing Aid Dispenser in the State of New Jersey.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Hearing Aid Dispensers Examining Committee
124 Halsey Street, 6th Floor, P.O. Box 45038
Newark, New Jersey 07101
(973) 504-6331

**Hearing Aid Dispensers Examining Committee
Sponsor's Affidavit**

Please complete and return this affidavit with the completed application.

- ☐ I hereby affirm that I am currently licensed and registered to practice hearing aid dispensing in New Jersey. I have been actively practicing in New Jersey continuously since _____. Pursuant to N.J.S.A. 45:9A-16b, N.J.A.C. 13:35-8.3 and N.J.A.C. 13:35-8.6, I hereby agree to assume full responsibility for the supervision and training of _____ upon receipt of a Training Permit, in the requisite skills, methods and techniques so as to insure competency in the fitting and dispensing of hearing aids. The applicant will train ☐ FULL TIME ☐ PART TIME* at my business location. I will assume full responsibility for and guarantee the trainee's activities in the selling, testing, fitting and dispensing of the hearing aids.
- ☐ Pursuant to N.J.S.A. 45:9A-16a and N.J.A.C. 13:35-8.5 and 8.6, I will assume full responsibility for and guarantee the temporary license of _____ and his/her supervision, training and activities in the selling, fitting and dispensing of hearing aids.

Business Name Telephone number (include area code)

Street Address City State Zip Code

The firm's Supervising Licensee's name (N.J.A.C. 13:35-8.8)

Name License number

The sponsor **must enclose** copies of his/her original N.I.H.I.S. certificates indicating the completion of a minimum of 20 continuing education course hours during the **PREVIOUS BIENNIAL REGISTRATION PERIOD**.

Sponsor's Signature Date License Number

Sworn and subscribed to before me this

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here